

## CERTIFICATION by CUSTODIAN of RECORDS

Tucson Police Department Crime Laboratory 1306 W. Miracle Mile, Tucson, AZ 85705

I hereby certify that these documents are a true and correct copy of the periodic maintenance* for the Intoxilyzer 8000 Serial Number  80-00/199  maintained by the Tucson Police Department Crime Laboratory pursuant to the requirements of the Arizona Department of Public Safety for a quality assurance program.		
A quality assurance specialist (QAS) tested the instrument on the following dates. The acceptable accuracy limits, as defined in A.A.C. R13-10-104.A.2, for a 0.100AC solution are 0.090AC to 0.110AC.		
Date: 11/10/11		
Between the dates of and the instrument was operating properly and accurately.		
The instrument was taken out of service for repair on  The instrument was returned to service on		
Sarah Cione		
Sarah L. Cione		
12/20/11		
ADPS QAS Permit # 33355		
SUBSCRIBED AND SWORN to before me this, day of, 20_//		
Anthernandlé		
Notary Public  Notary Public  Notary Public  Notary Public Notary Public-ARIZONA		
Includes documents specified in A.A.C. R13-10-104.A.5  PIMA COUNTY  My Comm. Exp. Mar. 17, 2012		

Pursuant to section 28-1327, Arizona Revised Statutes, this document is a certified duplicate of the information contained in computer storage devices of the Tucson Police Department.

1 of 2 sc



## TUCSON POLICE DEPARTMENT CRIME LABORATORY

## INTOXILYZER SERVICE RECORD

12.2°
Date: $11/10/11$
DAS: Sarah Cione
ntoxilyzer Serial Number: 80-001199
Reason For Service: Will not pass diagnostics - modern failure  Also needs a replacement breath hose. The one that was on 1/99 was used to replace a "leaky" hose on another instrument.
eplace a "leaky" hose on anotherinstrument.
Date Out of Service: 11/10/11  Calibration Check completed prior to removal from service  Date: N/A
QAP completed prior to removal from service
Date: N/A
Corrective Action: Sent to CMI, Inc.
data down loaded prior to sending to CMI

## INC. Service Evaluation Form

This form MUST be completed and enclosed with instrument to be serviced. Failure to complete and return this form may cause delays in service.

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(Note: please ship items in their original shipping container(s) or a similar protective box.)		
1. Contact information: Customer Number	r 105075 (contact Customer Service)	
Name Terry Gallegos	Phone: (520) 837-7677	
Fax: (520) 791-4642 Email: Tec	ry. Gallegos @ tucsonaz.gov	
Fax. (320)		
2. Bill to Address:	Ship to Address:	
Finance / Accounts Payable Po Box 27450 Tucson, AZ 85726-7450	Tucson Police Department Crime Lab	
PO BOX' 27450	TUCSON, AZ 85705	
Tueson, A12 85126- 1450	10 Sun, A2 = 10 =	
3. Serial Number: <u>80-001199</u>	Instrument Model:	
4. Detailed Description of Problem:		
Modem Fail during Diagnostics. Also needs new breath hose.		
***Hazardous Material Warning! - <u>DO NOT</u> return gas cylinders with instrument!***		
I Authorize Repairs Up To: All   \$250   \$500   \$750   Other \$		
Li l'Authorize Repairs Up To: Li All List	# applicable 34770	
Purchase Order Number (attach a copy of P.O.	ii applicable)	
Authorized By:		
Terry Gallegos Toxicology Coording Name (Please Print)  Toxicology Coording Title	ator Ship to:	
Name (Please Print)  Terry Gallegos Toxicology Coordin	CM!, inc.	
Sem Galler 11.22.20	Attn: Service Dept.	
Signature Date	316 East Ninth Street Owensbore, KY 42303	
Oignate o	3401133313, 111 1333	
No, please send estimate before repairs are made	rie.	
Note: An estimate will be faxed <u>before</u> performing any repairs and may cause delays in		
service.		
An evaluation fee (\$79.00 or actual costs) will apply to estimates that are not repaired.		